

**APPLICATION FOR INSTRUCTOR'S CERTIFICATION
TO SAFETY TRAIN SCHOOL BUS OPERATORS**
Y-1 NEW 3-74



INSTRUCTIONS

Complete this application, to safety train school bus operators, and return by mail to the address shown below.

TO: Pupil Transportation Administrator, Department of Motor Vehicles, 60 State St., Wethersfield, Connecticut 06109

NAME OF APPLICANT (Last) (First) (Middle or Maiden) (Mr., Mrs., Miss)				BUSINESS TELEPHONE NO.		HOME TELEPHONE NO.	
ADDRESS (No. and Street) (City) (State) (Zip Code)				HEIGHT	WEIGHT	BIRTHDATE (Mo., day, year)	
FORMER ADDRESS (No. and Street) (City) (State) (Zip Code)				BIRTHPLACE (Include country, if foreign born)			
OPERATOR'S LICENSE NUMBER		PUBLIC SERVICE LICENSE NUMBER		How long have you driven a school bus? _____ years.			

QUESTION	YES (x)	NO (x)	EXPLANATION OF QUESTIONS BELOW, IF ANSWERED "YES" (Use all spaces below and separate sheets, if necessary.)
Have you ever been or are you now addicted to habitual use of drugs or intoxicating liquors?			
Have you been hospitalized during the past five years?			
Do you have any physical defects or illness?			
Any mental illness or history of same?			
Have you ever been convicted of a law violation?			
Have you been refused a motor vehicle operator's license by any state?			
Has your license or registration ever been revoked or suspended in any state?			
Have you been convicted of any motor vehicle violations in any town, city or state?			

EDUCATION	NAME	HIGHEST GRADE COMPLETED	DATES ATTENDED		DID YOU GRADUATE?	DEGREE RECEIVED	MAJOR COURSE OF STUDY
			From	To			
Grammar School							
High School							
Technical or Business School							
College, University, Professional School							
Other Schools or Courses							

Do you have a teaching certificate? ☐ YES ☐ NO Are you certified to teach Driver Ed.? ☐ YES ☐ NO

Subscribed as true under penalties of false statement: **X**

Read this application and your answers before signing:
SIGNED (Applicant) _____ DATE SIGNED: ____/____/____

FOR M.V.D. USE ONLY	CERTIFICATION APPROVED		SIGNED (Approver)	DATE APPROVED
	<input type="checkbox"/> YES	<input type="checkbox"/> NO		